STATE OF SOUTH CAROLINA BEFORE THE PUBLIC SERVICE COMMISSION (Caption of Case) OF SOUTH CAROLINA Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo TRANSPORTATION COVER SHEET 3hawnqva s malls dba DOCKET Pink Line Transportation NUMBER: If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you Shawnqua have filed with the Commission before, a Docket Number was assigned and should be entered above. (Please type or print) Submitted by: Telephone: Fax: Other: Email: NOTE: The cover sheet and information contained berein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely. NATURE OF ACTION (Check all that apply) Application - Class A/A Restricted Request for Name Change on Certificate Application - Class C Taxi Request to Amend Scope of Authority Application - Class C Charter Request to Amend Tariff (rate increase, etc.) Application - Class C Charter Bus Request to Amend Passenger Limit Application - Class C Non-Emergency Request Application - Class C Stretcher Van Exhibit Application - Class E Household Goods Late-Filed Exhibit Application - Class E Hazardous Waste Letter Application Proposed Order Request for Extension to Comply with Order Publisher's Affidavit Request for Order Granting Authority to Obtain a Certificate Reservation Letter of Public Convenience and Necessity to be Rescinded Response Request for Cancellation of Certificate Return to Petition Request for Suspension Other: Request for Reinstatement

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

			Date:	5/29/13	
CLASS C -	TAXI		20	013-260-	7
of S.C. Code	is hereby made for a Certifica Ann., § 58-23-10, et seq. (19	976), and amendme	nts thereto.	sity, in accordance	with the provision
_P	or which business is to be condu	Transpu	-lation	roprietorship, with on the Company of the Company o	
	5310 Plantat	Street Address			294
842	3-442-9826 Phone	DA Dam	_	Fax	
Secretary	plicant is an LLC or a corpor of State and the Articles of I Secretary of State "Foreign C	ncorporation must be	e attached. (If inc	orporated outside o	
[India	ritity Type: (Check one) ridual Owner/Sole Proprietor tership - List names and add	ship resses of all person	having an interes	Dept:	0RS 6-25-13
	oration - List names and add	resses of two princi	pal officers.	Time	1:51pm

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

	Month Year 2013
Assets:	
Cash	
Receivables	Q
Real Estate	
Buildings and Equipment (Net)	ξ.
Motor Vehicles (Net)	9,50000
Garage Equipment (Net)	2
Machinery and Tools (Net)	5700
Supplies on Hand	'3
Prepaids and Other Assets	
Total Assets*	10.000
Liabilities and Equity:	
Accounts Payable	NO TO THE PART OF
Notes Payable	Q
Mortgages Payable	8
Equipment Obligations	A
Accrued Salaries and Wages	
Other Accrued Obligations	100
Other Liabilities	
Total Liabilities	X
Capital Stock	
Retained Earnings	
Total Equity	
Total Liabilities and Equity*	X

^{*} Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

2,50 per mile 55,00 per hour

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	☐ York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equippe to carry is based on the number of <u>seatbelts</u> in the ve	ed to Carry: (The number of passengers a vehicle is equipped ehicle, including the driver's seatbelt.)
1-7 Passengers, including driver	
8-15 Passengers, including driver	

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
	A A A A A A A A A A A A A A A A A A A		
		· · · · · · · · · · · · · · · · · · ·	
			•
<u> </u>			
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

#### **INSURANCE QUOTE**

## This form MUST BE COMPLETED AND SIGNED by an AUTHORIZED INSURANCE COMPANY REPRESENTATIVE.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to

The following insurance quote	is for:
Pink Line Tran	sportation, LLC
	Name of Applicant
7536 Plantation Re	oad #1, North Charleston, SC 29420
	Address of Applicant
Amount of Premium:	Limits Quoted: (See Below)
Liability Insurance \$ 5,513	3 Limits \$500,000
The above quoted premium is	for a term of 12 months.
Minimum Limits - Intrastate	Only:
1-7 Passengers*	\$ 25,000/50,000/25,000 * Passengers = Number of seatbelts in the vehicle,
8-15 Passengers*	\$ 25,000/100,000/25,000 including the driver's seatbelt
	Tower Insurance Company of New York
	Name of Insurance Company
	120 Broadway, 31st Floor, New York, NY 10271
	Home Office Address of Company
meets the minimum insurance li	ion's Rules and Regulations relating to insurance requirements and the above quote mits prescribed. The insurance company making this quote is authorized by the insurance to do business in South Carolina.
06/26/13	Michaelelyoux
Date	Authorized Insurance Company Representative's Signature

#### NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

## Exhibit Fit, Willing, and Able (FWA)

	Yawnque	x Smal Name of	15		
		Name of	Applicant		
Are there currently     Yes	y any outstanding ju	udgments against t	he Applicant?		
If Yes, indicate na	ature of judgement(	(s) against applicar	nt.		
		•			
	•				
2. Is Applicant familicarrier operations statutes and regula	in South South Car	and regulations, in colina, and does Ap	ncluding safety regula oplicant agree to opera	tions and governing for- te in compliance with the	-hire moto hese
Yes	○ No				
3. Is Applicant aware therewith?	e of the Commissio	on's insurance requi	irements and the insur	ance premium costs ass	ociated
Yes	○ No	·			
•					
		•			

## **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.			
	Yes	O No	
2.	and such record fro		ver's three (3) year driving record issued by the SC DMV the driver is or has been domiciled for such period must
3.		nds that a criminal history backgro in the Applicant's business office	ound check from the state where the driver currently lives
4.		nen operating a charter vehicle, a v	icle under a Class C Taxi Certificate must have in alid driver's license issued by the SC DMV or the current
	vehicles to drivers		re holders are prohibited from employing or leasing be registered, as sex offenders with the South Carolina stry of sex offenders.

#### PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA POST OFFICE DRAWER 11649 COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Owner

Title of Applicant (e.g. President, Owner, etc.)

COUNTY OF AND SWORN TO BEFORE ME.

This 2 day of 12 day of 12 day of 14 day of 15 day of 16 day

Date of this notice: 06-27-2013

Number:

Form: SS-4

Number of this notice: CP 575 A

PINK LINE TRANSPORTATION LLC SHAWNQUA MONQUIE SMALLS SOLE MBR 7536 PLANTATION RD APT 1 N CHARLESTON, SC 29420

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

applying for an Employer Identification Number (EIN). We assigned you his EIN will identify you, your business accounts, tax returns, and wocuments, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 940	01/31/2014
Form 944	01/31/2014
Form 720	10/31/2013

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

If you are required to deposit for employment taxes (Forms 941, 943, 940, 944, 945, CT-1, or 1042), excise taxes (Form 720), or income taxes (Form 1120), you will receive a Welcome Package shortly, which includes instructions for making your deposits electronically through the Electronic rederal Tax Payment System (EFTPS). A Personal Identification Number (PIN) for EFTPS will also be sent to you under separate cover. Please activate the PIN once you receive it, even if you have requested the services of a tax professional or representative. For more information about EFTPS, refer to Publication 966, Electronic Choices to Pay All Your Federal Taxes. If you need to make a deposit immediately, you will need to make arrangements with your Financial Institution to complete a wire transfer.

# The State of South Carolina



## Office of Secretary of State Mark Hammond

## **Certificate of Existence**

## I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

PINK LINE TRANSPORTATION LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on July 1st, 2013, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the State of South Carolina this 28th day of June, 2013

Mark Hammond

Mark Hammond, Secretary of State